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a court competent jurisdiction, if the reassignment meets the conditions set forth in §424.90.

- (6) Payment to an agent. Medicare may pay an agent who furnishes billing and collection services to the supplier, or to the employer, facility, or system specified in paragraphs (b) (1), (2) and (3) of this section, if the conditions of §424.73(b)(3) for payment to a provider's agent are met by the agent of the supplier or of the employer, facility, or system. Payment to an agent will always be made in the name of the supplier or the employer, facility, or system.
- (c) Rules applicable to an employer, facility, or system. An employer, facility, or system that may receive payment under paragraph (b)(1), (b)(2), or (b)(3) of this section will itself be considered the supplier of those services for purposes of the rules of subparts C, D, and E of this part.

 $[53\ FR\ 6634,\ Mar.\ 2,\ 1988,\ as\ amended\ at\ 54\ FR\ 4027,\ Jan.\ 27,\ 1989]$

§ 424.82 Revocation of right to receive assigned benefits.

- (a) *Scope.* This section sets forth the conditions and procedures for revocation of the right of a supplier or other party to receive Medicare payments.
- (b) *Definition*. As used in this section, *other party* means an employer, facility, or health care delivery system to which Medicare may make payment under § 424.80(b) (1), (2), or (3).
- (c) Basis for revocation. CMS may revoke the right of a supplier or other party to receive Medicare payments if the supplier or other party, after warning by CMS or the carrier—
- (1) Violates the terms of assignment in §424.55(b).
- (2) Continues collection efforts or fails to refund moneys incorrectly collected, in violation of the terms of assignment in §424.55(b).
- (3) Executes or continues in effect a reassignment or power of attorney or any other arrangement that seeks to obtain payment contrary to the provisions of §424.80; or
- (4) Fails to furnish evidence necessary to establish its compliance with the requirements of § 424.80.
- (d) Proposed revocation: Notice and opportunity for review. If CMS proposes to

revoke the right to payment in accordance with paragraph (c) of this section, it will send the supplier or other party a written notice that—

- (1) States the reasons for the proposed revocation; and
- (2) Provides an opportunity for the supplier or other party to submit written argument and evidence against the proposed revocation. CMS usually allows 15 days from the date on the notice, but may extend or reduce the time as circumstances require.
- (e) Actual revocation: Timing, notice, and opportunity for hearing—(1) Timing. CMS determines whether to revoke after considering any written argument or evidence submitted by the supplier or other party or, if none is submitted, at the expiration of the period specified in the notice of proposed revocation.
- (2) Notice and opportunity for hearing. The notice of revocation specifies—
 - (i) The reasons for the revocation;
- (ii) That the revocation is effective as of the date on the notice:
- (iii) That the supplier or other party may, within 60 days from the date on the notice (or a longer period if the notice so specifies), request an administrative hearing and may be represented by counsel or other qualified representative.
- (iv) That the carrier will withhold payment on any claims submitted by the supplier or other party until the period for requesting a hearing expires or, if a hearing is requested, until the hearing officer issues a decision;
- (v) That if the hearing decision reverses the revocation, the carrier will pay the supplier's or other party's claims; and
- (vi) That if a hearing is not requested or the hearing decision upholds the revocation, payment will be made to the beneficiary or to another person or agency authorized to receive payment on his or her behalf.

[53 FR 6644, Mar. 2, 1988; 53 FR 12945, Apr. 20, 1988]

§ 424.83 Hearings on revocation of right to receive assigned benefits.

If the supplier or other party requests a hearing under § 424.82(e)(2)—

(a) The hearing is conducted—